

State Agency Name

Division Name

Street or PO Box Address

City, State Zip Code

in Cooperation with the U.S. Department of Labor

Page of

**Multiple Worksite Report**

The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Form Approved
O.M.B. No. 1220-0134

See estimate of reporting hours in **Time**
of **Completion** Statement on reverse side.

SUPPLEMENT TO EMPLOYER'S QUARTERLY CONTRIBUTION REPORT**A. EMPLOYER NAME AND MAILING ADDRESS**

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B. QUARTERLY REPORT INFORMATION

U.I. NUMBER :

QUARTER ENDING :

DUE DATE :

C. CONTACT PERSON

NAME :

TITLE :

PHONE : ()

Ext.

D. WORKSITES**SEE INSTRUCTIONS ON REVERSE SIDE**

(1) DO NOT USE	(2) NAME (division, subsidiary, etc.), STREET ADDRESS (physical location), CITY, STATE, AND ZIP CODE, WORKSITE DESCRIPTION (store number, plant name, etc.)	(3) NUMBER OF EMPLOYEES During the Pay Period Which Includes the 12th of the Month	(4) TOTAL QUARTERLY WAGES OF WORKSITE (Round to the nearest dollar)
		COMMENTS:	
		COMMENTS:	
		COMMENTS:	
		COMMENTS:	
		COMMENTS:	
		COMMENTS:	
NOTE: The totals must agree (except for rounding) with the Employer's Quarterly Contribution Report (Form Number).		TOTALS	

GENERAL INFORMATION

PURPOSE OF THIS REPORT

This Multiple Worksite Report is designed to collect information showing the distribution of the employment and wages of business establishments by industry and geographic area. These data will enable our agency to prepare accurate reports on the economic conditions of business activities by geographic area and industry within our State.

TIME OF COMPLETION

Time of Completion is estimated to vary from 10 minutes to 60 minutes per response, with an average of 22 minutes per response. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing this information. If you have any comments regarding these estimates or any other aspect of this form, send them to the Bureau of Labor Statistics, Division of Occupational and Administrative Statistics, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212.

FILING INSTRUCTIONS

- The State Agency Name requires/requests that employers submit this report, in addition to the Employer's Quarterly Contribution Report (Form Number), if they operate the same business activity in more than one location or conduct different business activities from one or more locations within our State. Persons are not required to respond to the collection of information unless it displays a currently valid OMB number.
- The **DUE DATE** for filing this report is preprinted in **SECTION B** along with the **QUARTER ENDING** date.

INSTRUCTIONS

SECTION A

The address (in Section A) for your firm has been preprinted from information that you have previously supplied to this agency. Please review it and make any necessary corrections.

SECTION C

Please enter your name, title, and phone number (including the area code) on the first page of the form in Section C. This information is needed in case any questions arise concerning this report.

SECTION D

COLUMN 2	Please review the name (division, subsidiary, etc.), physical location address, and worksite description information (i.e., store number, plant name, or principal business activity that uniquely identifies each worksite) that has been preprinted for each of the worksites listed and correct where necessary.
COLUMN 3	For each month of the quarter, please enter the total number of full- and part-time employees at each worksite who worked during or received pay (subject to Unemployment Insurance wages) for the pay period which includes the 12th of the month.
COLUMN 4	Please enter total wages paid during the quarter for each worksite rounded to the nearest dollar.
COMMENTS	Please explain any large changes in employment or wages, such as store closure, strikes, layoffs, bonuses, seasonal changes, etc., in the comments section for that worksite.
TOTALS	THE TOTALS FOR COLUMNS 3 AND 4 MUST AGREE WITH THE CORRESPONDING TOTALS ON THE EMPLOYER'S QUARTERLY CONTRIBUTION REPORT (Form Number).

NEW OR OMITTED UNITS (SINCE YOUR LAST QUARTERLY REPORT):

If any units of your company have been omitted because you have expanded operations to a new location or purchased units from another company, please complete columns 2-4 for each worksite.

In addition, for each unit, please provide in the comments section:

1. The name of the county in which each is located, if known.
2. A description of the business activity(s) that will be conducted at each worksite.

If units were purchased from another company, also provide:

1. The name of the company,
2. The effective date of the transaction, and ...
3. The Unemployment Insurance number of the seller, if known.

SOLD OR INACTIVE UNITS (SINCE YOUR LAST QUARTERLY REPORT):

Please indicate in the comments section any worksites that became inactive or were sold to another company.

In addition, for each unit sold, please provide in the comments section:

1. The name of the company,
2. The effective date of the transaction, and ...
3. The Unemployment Insurance number of the purchaser, if known.

If more space is needed, please attach a separate sheet of paper using the same format.

PLEASE RETURN COMPLETED FORM(S) IN THE ENCLOSED RETURN ENVELOPE.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS REPORT, PLEASE WRITE OR CALL:

State Agency Name
Division Name
Street or PO Box Address
City, State Zip Code
Telephone #(s)